

MASHPEE FIRE DEPARTMENT

GENERAL BUSINESS INFORMATION FORM

BUSINESS NAME: _____

STREET ADDRESS: _____

TELEPHONE: _____

FLOOR LEVEL (IF NOT FIRST FLOOR): _____

BUSINESS OWNER: _____

RESIDENTIAL ADDRESS: _____

CITY/TOWN: _____ STATE: _____

ZIP CODE: _____

MANAGER/2ND CONTACT: _____

RESIDENTIAL ADDRESS: _____

CITY/TOWN: _____ STATE: _____

ZIP CODE: _____

BUILDING OWNER: _____

RESIDENTIAL ADDRESS:

CITY/TOWN: _____ STATE: _____

ZIP CODE: _____

FIRE ALARM SYSTEM: _____ SPRINKLER SYSTEM: _____

CENTRAL STATION NAME:

TELEPHONE #: _____

FIRE DEPARTMENT CONNECTION LOCATION: _____

DO YOU HAVE A LOCK BOX: _____

CONTACT PERSONS OR OTHER KEY HOLDERS, IF PROBLEM WITH ALARMS

NAME: _____

TELEPHONE: _____

NAME: _____

TELEPHONE: _____

OTHER COMMENTS:

CONTACTS IN CASE OF EMERGENCY